

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine Blair</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at <i>Federalsburg</i>		Month <i>July</i>		Day <i>13</i>		Age <i>80</i>	
Date of death <i>1903</i>		Month <i>July</i>		Day <i>13</i>		Age <i>80</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Europe</i>		Months <i></i>	
Occupation <i>housewife</i>		Where Residing if not at place of death <i></i>		Days <i></i>		Months <i></i>	
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i></i>		Father's Name <i></i>		Father's Birthplace <i></i>	
Mother's Maiden Name <i></i>		Mother's Birthplace <i>14</i>		Name of person giving Information <i></i>		How related to deceased <i></i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>12 days</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalsburg md</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

Infant.

Town

County

Died at

Denton

MARYLAND

Date

of death 1908

Month

7

Day

17

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Denton

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Briggs

Father's
BirthplaceMother's
Maiden Name

Georgia Turner

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

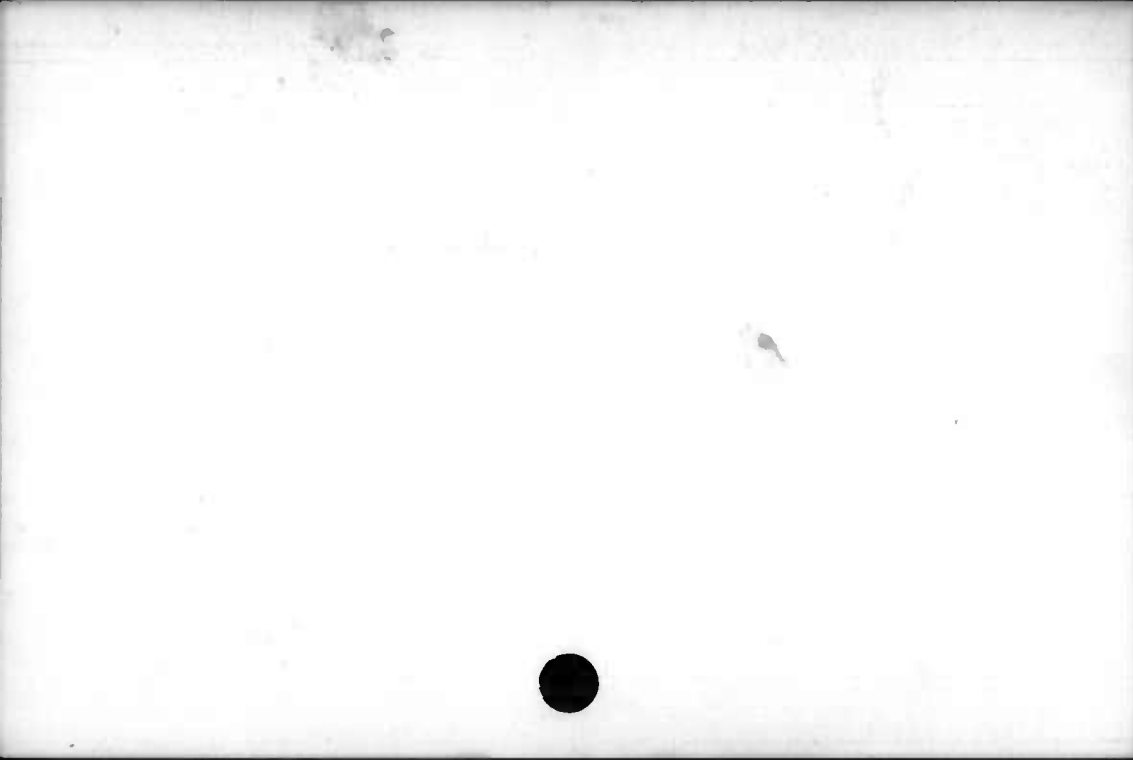
J. N. Nichols

Address

Denton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

is
in

Mable H. Packer

CERTIFICATE OF DEATH

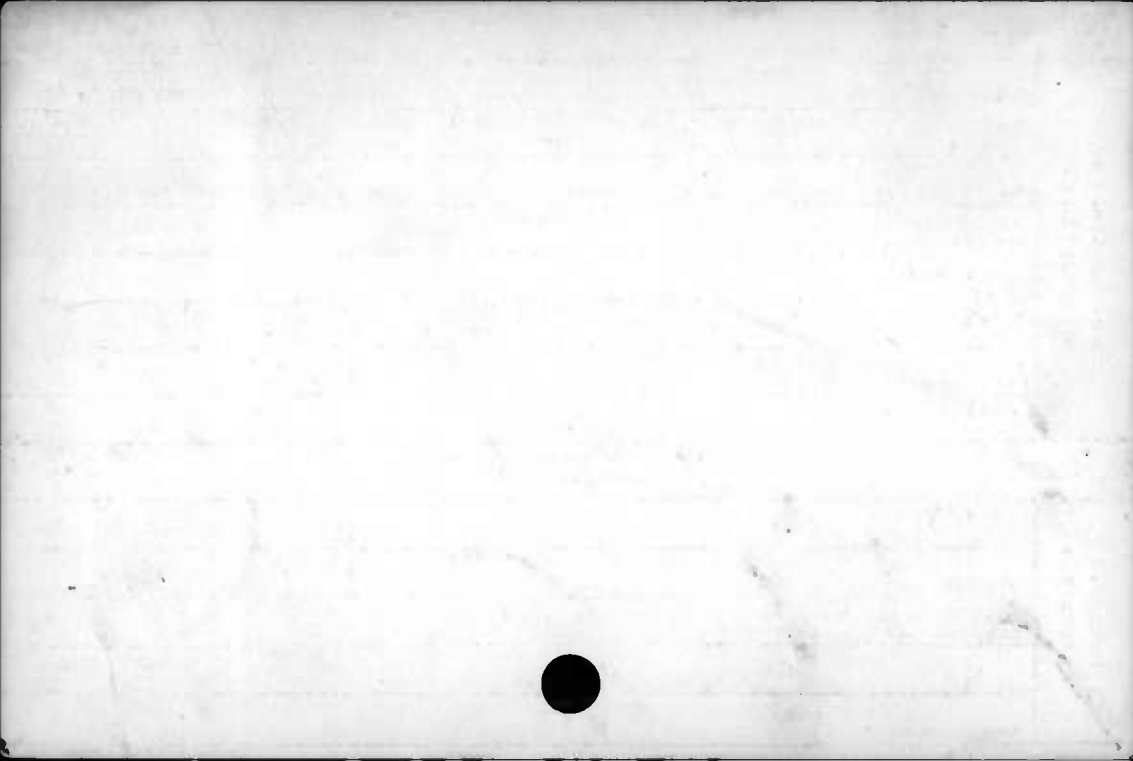
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Griffins</i> Town		<i>Cardinal</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>21</i>	Age	Years	Months <i>8</i> Days
Sex		Color or Race <i>ballant</i>		Birth-place <i>Cardinal Md</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Wesley Jones</i>			Father's Birthplace <i>Sackel Jones</i>		
Mother's Maiden <i>Sackel</i>			Mother's Birthplace <i>right</i>		
Name of person giving In formation <i>George B. Thomas</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>our week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

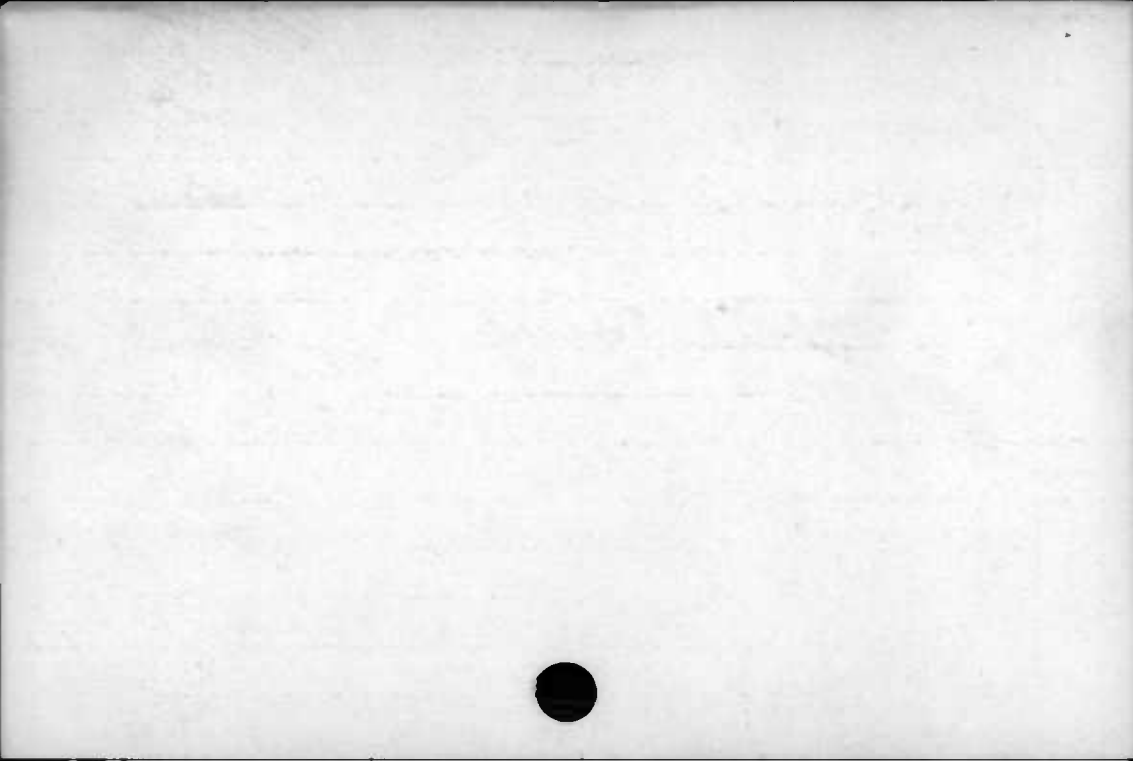
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>July</u> ^{Month}	<u>6</u> ^{Day}	Age <u>12</u> ^{Years}	<u>7</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ridgely Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband <u>—</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <u>Henrietta Elliott</u>			Mother's Birthplace <u>Ridgely Md</u>		
Name of person giving information <u>Tom Smith</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Perforation - Peritonitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Madara</u>
	Address <u>Ridgely, Md</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Nevada Green

Town

County

Died at

Dresden

Caroline

MARYLAND

Date 1905
 1895
 Month 7
 Day 31
 Y. M. D.
 Age
 Male
 Female
 White
 Colored
 Married
 Single
 Widow
 Widower
 Divorced
 Number of children living

Husband
of

Wife

Father's

Name

Alas Green

Mother's

Name

Garmon Green

Cause of { Primary

How long sick

Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Wm H. Hallis

Address

Dresden, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65064



Name
in
Full

Bertha Slaughter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *near Denton*^{County} *Caroline*

MARYLAND

Date

of death 190

3

Month

July

Day

2

Years

Age

Months

2

Days

2

Sex

*Female*Color or
Race*White*Birth-
place*near Denton, Md.*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name*Lewis Slaughter*Father's
Birthplace*Md.*Mother's
Maiden Name*Minnie L. Hall*Mother's
Birthplace*Md.*Name of person giving
Information*Minnie L. Slaughter*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Colera infantum

How long

105

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*They are*Signature of
Physician

Address

*Gas H Ward
Andeisdutron
Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
July		30th				11	12
Sex		Color or Race		Birth-place			
Female		white		md.			
Married , Single or Widowed				Occupation			
				C			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
William Edward Todd				md.			
Mother's Maiden Name				Mother's Birthplace			
Indiana Payne				md.			
Name of person giving information				How related to deceased			
Mr. Edward Todd				Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	2 days
Immediate	Cholera infantum	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John D. Hadway	
		Address	
		Fowling Creek, md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Joseph K. Hutson Ward

Died at ^{Town} near Greensboro ^{County} Caroline MARYLAND

Date 19 03 Month 7 Day 9 Y. M. D. 4-18 Native of Md Occupation
 Male White Married Widowed Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of —

Wife

Father's Name Mrs Ward

Mother's Name Helen Hutson

Cause of Death { Primary Heat 105 How long sick 9 days
 { Immediate Cholera Infantum Accident, Suicide, Homicide

Reported by Geo. W. Bateman M. D.,

Address Greensboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md



Name
in
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Emily Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Denton</i> ^{County} <i>Leathur</i>		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>July</i> ^{Day} <i>6</i> ^{Years} <i>83</i> ^{Months} <i>—</i> ^{Days} <i>—</i>	Age <i>83</i>		
Sex <i>female</i>	Color or Race <i>Black</i>	Birth-place <i>Wes County</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>House wife</i>		
Name of Wife ^{Husband} <i>Henry Wright -</i>			
Father's Name <i>Allen Lockman</i>		Father's Birthplace <i>Dont Knos</i>	
Mother's Maiden Name <i>Lydie Lockman</i>		Mother's Birthplace <i>Dont Knos</i>	
Name of person giving information <i>Nathan Smith</i>		How related to deceased <i>Son in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>1 day</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>I think so</i>	Signature of Physician <i>A. P. Marshup MD</i>
	Address <i>Denton 9th</i>
Accident or Suicide? <i>—</i>	<i>Leathur les</i>

